

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Violet's Care Home, Inc.	CHAPTER 100.1
Address: 1104 Wiliki Drive, Honolulu, Hawaii 96818	Inspection Date: February 26, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

	<b>RULES (CRITERIA)</b>	<b>PLAN OF CORRECTION</b>	<b>Completion Date</b>
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1 –</p> <ul style="list-style-type: none"> <li>On 7/2/18 Physician ordered “Senna 8.6 mg 2 tabs Q day” however, order was transcribed onto Medication Administration Record (MAR) as “Senna 8.6 mg 2 tabs BID” and was documented as being given BID.</li> <li>On 12/4/18 Physician ordered “Azithromycin 250 mg 2 caps PO today, then 1 cap x 4 days”, however, no evidence on MAR that medication was made available or given.</li> <li>On 12/4/18 Physician ordered “Tylenol with Codeine 300-30mg 1 tab @ HS for pain”, however, no evidence on MAR that medication was made available or given.</li> <li>On 12/26/18 Physician ordered discontinuation of Calcium 600mg +D3 400IU, however, medication was documented on MAR as being discontinued on 12/20/18.</li> </ul>	<p><b>PART 1</b></p> <p><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	

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Licensee's/Administrator's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_